

11-16-05

PATENT

Attorney Docket No.: 128402

3737

JPW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Hsieh et al.

Serial No.: 10/065,689

Filed: November 8, 2002

Group No.: 3737

Examiner: Roy, Baisakhi

METHOD AND APPARATUS  
FOR DETECTING  
STRUCTURAL, PERFUSION,  
AND FUNCTIONAL  
ABNORMALITIES

Mail Stop: Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:  
Amendment Transmittal which includes Certificate of Express Mail (3 pgs.) NO FEE  
Amendment in response to Office Action dated September 22, 2005 (26 pgs.)  
Return Postcard

STATUS


2. Applicant  
☐ claims small entity status.  
☒ is other than a small entity.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO  
THE COMMISSIONER FOR PATENTS

Express Mail No. EV734457142US

Date: November 15, 2005

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

  
William J. Zychlewicz, Reg. No. 51,366

### EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) \_\_\_\_\_ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension for response within: | Other than small entity Fee | Small entity Fee (if applicable) |
|--------------------------------|-----------------------------|----------------------------------|
| _____ first month              | \$ 120.00                   | \$ 60.00                         |
| _____ second month             | \$ 450.00                   | \$ 225.00                        |
| _____ third month              | \$ 1,020.00                 | \$ 510.00                        |
| _____ fourth month             | \$1,590.00                  | \$ 795.00                        |
| _____ fifth month              | \$2,160.00                  | \$1,080.00                       |

Fee: \$ \_\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

\_\_\_\_\_ An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$\_\_\_\_\_

OR

- (b)   X   Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|        | (Col. 1)                                  |       | (Col. 2)                              | (Col. 3)         | SMALL ENTITY               |    | OTHER THAN<br>SMALL ENTITY |
|--------|---|-------|---------------------------------------|------------------|----------------------------|----|----------------------------|
|        | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | ADDITIONAL<br>RATE FEE     | OR | ADDITIONAL<br>RATE FEE     |
| TOTAL  |   | MINUS |                                       | =                | x \$25.00 = \$             |    | x \$50.00 = \$             |
| INDEP. |   | MINUS |                                       | =                | x \$100.00 = \$            |    | x \$200.00 = \$            |
| —      | FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |       |                                       |                  | + \$180.00 = \$            |    | + \$360.00 = \$            |
|        |   |       |                                       |                  | TOTAL ADDITIONAL<br>FEE \$ | OR | TOTAL ADDITIONAL<br>FEE \$ |

- (a) ☒ No additional fee for Claims is required

**OR**

- (b) ☐ Total additional fee for claims required \$ \_\_\_\_\_

## FEE PAYMENT

5. Attached is a check in the sum of \$ \_\_\_\_\_
- ☐ Charge Deposit Account No. 01-2384 the sum of \$ \_\_\_\_\_.  
A duplicate of this transmittal is attached.

## FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:



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For: METHOD AND APPARATUS FOR  
DETECTING STRUCTURAL, PERFUSION,  
AND FUNCTIONAL ABNORMALITIES

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:  
: Art Unit: 3737  
:  
: Examiner: Roy, Baisakhi  
:  
:  
:

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated September 22, 2005, please amend the above-identified application as follows: